Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING P. WING		(X3) DATE SURVEY COMPLETED				
NVS5068HIC				B. WING		08/21/2009				
NAME OF PROVIDER OR SUPPLIER L&M RESIDENTIAL CARE FACILITY 1			6363 PINIO	STREET ADDRESS, CITY, STATE, ZIP CODE 6363 PINION JAY ST LAS VEGAS, NV 89147						
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H 000	Initial Comments This Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility from 8/4/09 to 8/17/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was three. Three resident files and two employee files were reviewed. The following deficiencies were identified:			H 000						
H 019	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on record review and staff interview from 8/4/09 through 8/17/09, the director did not ensure that 3 of 4 caregivers had received			H 019						
If deficiencies	are cited, an approved plan	of correction must be returned	ed within 10 day	s after receipt o	f this statement of deficiencies. TITLE		(X6) DATE			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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H 019	Continued From page 1			H 019					
	training in cardiopulmonary resuscitation (CPR) and first aid (Employee #2, #3, and #4).								
H 050	Tuberculosis-Employees			H 050					
	NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a								
		om active tuberculosis able disease in a contaç							
	(b) Tuberculosis screening test within the								

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Prevention as adopted by reference in paragraph

7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist,

(g) of subsection 1 of NAC 441A.200.

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.

2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate

(a) Before admitting a person to the facility or

home, determine if the person:

care shall:

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examination must be determined by following the guidelines as adopted by reference in paragraph

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not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on

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H 999 Final Comments

H 999

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living unsupervised. The caseworker further reported the facility was expected to provide room, board, assistance in medication management and money management. The resident had a different rate agreement that

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